FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC ' Mail Processing Section

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Washington, DC 101

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OMB Number: 3235-0076 Expires: July 31, 2008 Estimated average burden hours per response.....16.00

SEC USE ONLY					
Prefix	Serial				
DATE RECEI	VED				

	k if this is an amendment and name has changed, and indica	te change.)	
Limited Partnership Inter	ests in Bain Capital X Coinvestment Fund, L.P.		
Filing Under (Check box(es	s) that apply): 🔲 Rule 504 🔲 Rule 505 🔯 Rule 506 🔲 🖰	Section 4(6) ULOE	
Type of Filing: New Fili	ing 🛛 Amendment		:
	A. BASIC IDENTIFIC	CATION DATA	
1. Enter the information rec	quested about the issuer		08056627 ——
Name of Issuer (check if	this is an amendment and name has changed, and indicate	change.)	00000027
Bain Capital X Coinvestm			
Address of Executive Office	es (Number and Street, City, State, Zip Code)	Telephone Nur	nber (including Area Code)
111 Huntington Avenue		(617) 516-2006)
Boston, MA 02199			
Address of Principal Busine	ess Operations (Number and Street, City, State, Zip Code)	Telephone Nur	nber (including Area Code)
(if different from Executive	Offices)	•	
Brief Description of Busines	SS		
Private Investment Fund.			
Type of Business Organizat	ion		
corporation	☐limited partnership, already formed		
		other (please specify):	Cayman Islands exempted limited partnership
☐ business trust	☐ limited partnership, to be formed		
	Month Year	8 . (0a)	PROCESSED
Actual or Estimated Date of	Incorporation or Organization: 0 7 0 7	Actual Estimated	1 10 0 2 0 0 2 0
Jurisdiction of Incorporation	n or Organization: (Enter two-letter U.S. Postal Service abb	reviation for State:	H H 9 0 2009
·	CN for Canada; FN for other for	reign jurisdiction) F	x JUL 2 9 2008 🔀
GENERAL INSTRUCTION	ONS		THOMCON DELITEDS
			THOMSON REUTERS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - X Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner									
Full Name (Last name first, if individual)									
Bain Capital Partners X, L.P.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner of the GP									
Full Name (Last name first, if individual)									
Bain Capital Investors, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Bain Capital, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Bain Capital Partners, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Albright, Richard C.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Balson, Andrew B.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Bain Capital Investors, LLC, 111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Barnes, Steven W.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Bain Capital Investors, LLC, 111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Bekenstein, Joshua									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Bain Capital Investors, LLC, 111 Huntington Avenue, Boston, MA 02199									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Biffar, Ulrich F.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Bain Capital Investors, LLC, 111 Huntington Avenue, Boston, MA 02199									

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Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Clayson, Davis									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Bain Capital Investors,	c/o Bain Capital Investors, LLC, 111 Huntington Avenue, Boston, MA 02199								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)				-				
Connaughton, John P.					<u> </u>				
Business or Residence Addr									
c/o Bain Capital Investors,			_						
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Corrigan, Jay P.	(NI I	10 0'. 0 7'.	C-1-)						
Business or Residence Addr									
c/o Bain Capital Investors,		-	··· <u>·</u>	Diameter.	C				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, Doherty, Sean M.	if individual)								
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)						
c/o Bain Capital Investors,									
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)			· <u>-</u>					
Edgerley, Paul B.									
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)						
c/o Bain Capital Investors,	•		· · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Goss, Michael F.	,								
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)						
c/o Bain Capital Investors,									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Gross-Loh, David									
Business or Residence Addr									
c/o Bain Capital Investors,									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Hildebrandt, James H.									
Business or Residence Addr									
c/o Bain Capital Investors,									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Hitch, S. Jordan									
Business or Residence Addr	•		•						
c/o Bain Capital Investors,	LLC, 111 Hur	itington Avenue, Boston	n, MA 02199						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Hori, Shintaro									
Business or Residence Addr									
c/o Bain Capital Investors,	LLC, 111 Hur	itington Avenue, Boston	n, MA 02199		<u> </u>				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Huang, Jingsheng									
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)						
c/o Bain Canital Investors.	LLC. 111 Hor	itington Avenue Rosto	n. MA 02199						

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SI 1 B (SI 1 1 1		TIB CITA	N. F Off	Discotos	General and/or Managing Partner			
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Wanaging Partner			
Full Name (Last name first,	if individual)							
Levin, Matthew S.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Bain Capital Investors, LLC, 111 Huntington Avenue, Boston, MA 02199								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Loring, lan K.								
Business or Residence Addr								
c/o Bain Capital Investors,	LLC, 111 Hur	ntington Avenue, Boston	n, MA 02199					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Loughlin, Philip H.								
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
c/o Bain Capital Investors,	LLC, 111 Hui	ntington Avenue, Boston	n, MA 02199	<u></u>				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)	·						
Merry del Val, Felipe	•				<u></u>			
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
c/o Bain Capital Investors,	LLC, 111 Hui	ntington Avenue, Bosto	n, MA 02199					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)	•						
Nunnelly, Mark E.								
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
c/o Bain Capital Investors,	LLC, 111 Hui	ntington Avenue, Bosto	n, MA 02199	_				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Pagliuca, Stephen G.								
Business or Residence Addr								
c/o Bain Capital Investors,	, LLC, 111 Hui	ntington Avenue, Bosto	n, MA 02199					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Plantevin, Michel G. P.								
Business or Residence Addr								
c/o Bain Capital Investors,	, LLC, 111 Hu	ntington Avenue, Bosto	n, MA 02199					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Poler, Dwight M.	(N) I	16: 4 6': 5:44 7':	C-1-)	 -				
Business or Residence Addr	•		•					
c/o Bain Capital Investors,								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Reynolds, Ian Business or Residence Addi	(N)1	J.C. City City 7in	Code					
c/o Bain Capital Investors.	,		•					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
		Detiction Owner	N Executive Officer		General and/or Managing Farther			
Full Name (Last name first, Sarkis, S. Walid	ii individual)							
Business or Residence Addr	ress (Number ar	nd Street, City, State, Zin	Code)					
c/o Bain Capital Investors								

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Shiroshita, Junichi					
Business or Residence Addre	ess (Number ar	nd Street, City, State, Zip	Code)		
c/o Bain Capital Investors,	LLC, 111 Hu	ntington Avenue, Bosto	n, MA 02199		<u></u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Siefke, Michael					
Business or Residence Addre					
c/o Bain Capital Investors,	LLC, 111 Hu	ntington Avenue, Bosto	n, MA 02199		
Check Box(es) that Apply:	□Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Sivolella, Eileen					
Business or Residence Addre					
c/o Bain Capital Investors,	LLC, 111 Hu	ntington Avenue, Bosto	n, MA 02199		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				·
Sugimoto, Yuji					
Business or Residence Addre					
c/o Bain Capital Investors,	<u>LLC, 111 Hu</u>	<u>ntington Avenue, Bosto</u>			
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Thorndike, Benjamin	<u>.</u>		 		
Business or Residence Addre					
c/o Bain Capital Investors,					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Ward, Michael D.					
Business or Residence Addre					
c/o Bain Capital Investors, Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i		Deficient Owner	EN EXCERTISE OTHER	Director	General and/or managing rattle
Zhu, Jonathan	i marvidudi)				
Business or Residence Addre	ess (Number a	nd Street, City, State, Zir	Code)		
c/o Bain Capital Investors,					
	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, i		,			
Zide, Stephen M.					
Business or Residence Addre	ess (Number at	nd Street, City, State, Zip	Code)		
c/o Bain Capital Investors,	LLC, 111 Hu	ntington Avenue, Bosto	n, MA 02199		

					B. INFO	RMATIO	N ABOU	T OFFER	ING					
1. Has	the issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited invo	estors in thi	s offering?.			.,,		Yes	No ⊠
				A	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2. Wha	. What is the minimum investment that will be accepted from any individual? *subject to discretion of the General Partner									\$ 25,00	0,000*			
3. Does	Does the offering permit joint ownership of a single unit?									Yes	No			
										\boxtimes				
remu perso five only	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name ((Last name fi	rst, if indiv	idual)											
	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)								····
Name of As	ssociated Bro	ker or Deal	er	<u> </u>						··				
States in W	hich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers								
(Chec	k "All States	" or check i	ndividual S	tates)				***************************************			All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] {MI) (OH) [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
	(Last name fi			[IA]	[OI]	[**]	[*^]	["/]	("")	[""]	1,,,,1	10.001		
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of As	ssociated Bro	ker or Deal	er						<u>.</u>			 		
States in W	hich Person I	Listed Has :	Solicited or	Intends to :	Solicit Purc	hasers								
(Check "Al	l States" or cl	heck individ	lual States)								All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name	(Last name fi	rst, if indiv	idual)											
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	lode)						٠		
Name of As	ssociated Bro	ker or Deal	er										,	
States in W	hich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers								
(Check "Al	l States" or el	heck individ	iual States)	,•,						[All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] (OR) [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 1,797,220,000	\$ 1,797,220,000
	Other (Specify)	\$	s
	Total	\$ 1,797,220,000	\$ 1,797,220,000
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	119	\$ 1,797,220,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	·	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 1,000,000
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		S
	Total		\$ 1,000,000
		_	,,

	C. OFFERING PRIC	CE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS			
4.	b. Enter the difference between the aggregate offe	ering price given in response to Part C - Question 1 and tot in 4.a. This difference is the "adjusted gross proceeds to the	al	\$ 1,796,220,000		
5.	the purposes shown. If the amount for any purpos	roceeds to the issuer used or proposed to be used for each of a not known, furnish an estimate and check the box to the dimust equal the adjusted gross proceeds to the issuer set	of ne			
			Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees		S	\$		
	Purchase of real estate		S	□ \$		
	Purchase, rental or leasing and installation of mac	hinery and equipment	S	□ s		
	Construction or leasing of plant buildings and faci	lities	S	□ \$		
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse- pursuant to a merger)		s	□ s		
	Repayment of indebtedness		🗆 \$	□ \$		
	Working capital		s	□ \$		
	Other (specify): Investments in securities and ac	\$	⊠ \$ 1,796,220,000			
	Column Totals		s	⊠ \$ 1,796,220,000		
	Total Payments Listed (column totals added)		<u>× \$ 1,</u>	796,220,000		
		D. FEDERAL SIGNATURE	···			
n u	issuer has duly caused this notice to be signed by the indertaking by the issuer to furnish to the U.S. Secur accredited investor pursuant to paragraph (b)(2) of	e undersigned duly authorized person. If this notice is file ities and Exchange Commission, upon written request of it Rule 502.	d under Rule 505, the follo ts staff, the information fur	wing signature constitutes nished by the issuer to any		
Iss	uer (Print or Type) in Capital X Coinvestment Fund, L.P.	Signature // / A	Date July 24 , 2008			
	Name of Signer (Print or Type) Michael F. Goss Title of Signer (Print or Type) Managing Director of the General Partner of the Issuer					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

